Substitute for Form PTO-875											Application to Pocket Human 6			
	APF	PLICATIO:	N AS FI olumn 1)		PART I (Columni 2)			SMALL ENTITY			OR	OTHER THAN SMALL ENTITY		
FC	NUA	NUMBER FILED			NUMBER EXTRA		RATE (\$) FEE (\$)		7			T		
BASIC FEE (37 CFR 1.16(a), (b), or (c))		•					7	1	<u> </u>	LEE (9)	1	RA	TE (\$)	FEE (\$)
\$EARCH FEE (37 CFR 1.16(10), (i), or (m))							1			<del> </del>	┨	-		<del></del>
EXAMINATION FEE (37 CFR 1.16(o), (p), or (q))				-+			1	-		<del> </del>	-	ļ		<del> </del>
TOTAL CLAIMS (37 CFR 1.16(I))		1	minus 20 =				1	<del>                                     </del>			d	-		
INDEPENDENT CLAIMS (37 CFR 1.16(h))			minus 3 =		• .		1	×			OR	×		<del> </del>
	If the sp	If the specification and drawings exceed 16					×	<u> </u>	<b> </b>		X			
ARPLICATION FEE (37 GFR 1.16()	is \$250 addition 35 U.S.	sheets of paper, the applications of the sheets of the additional 50 sheets or the 35 U.S.C. 41(a)(1)(G) and the sheets of the s			plication size fee due entity) for each fraction thereof. See and 37 CFR 1.16(s).									
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.160))											•			<b>1</b>
" If the difference in column 1 is less than zero, enter "o" in column 2.							_	TOT	AL.			70	TAL	ļ. —
APPLICATION AS AMENDED - PART II														
(Column 1) (Column 2) (Column 3)						7	SM	ALL E	ENTITY	OR			R THAN ENTITY	
4 9 3	AN	MAINING AFTER ENOMENT		PREV	ABER OUSLY FOR	PRESENT EXTRA		RATE	(\$)	ADDI- TIONAL FEE (\$)		RATI		ADDI- TIONAL
Total groff L.	(G(1)	00	Minus	(	00	- /	1	х		100(4)	OR	x		FEE (\$)
Z (77 CFR 1.6	Independent (37 CFR (.16M)		Minus		<i>[</i>									<del> </del>
	Application Size Fee (37 CFR 1.16(a))										OR,	<u>×</u> .		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(I))									П		OR			
4.11.01								TOTAL ADD'L F	EE		OR	TOTAL	FEE	
<del>// /</del>		kumn 1) Laims		(Col	umn 2)	(Column 3)								
8	RE	MAINING VFTER NOMENT		NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA		RATE	(5)	ADDI- TIONAL FEE (\$)		RATE	(5)	ADDI- TIONAL
Total	(0)	56	Minus	6	9.			x			OR	x		FEE (\$)
Total profit 1.10	(OV)	8	Minus	<del>"</del> 8	,	· /		×				,		
Application	Application Size Fee (37 CFR 1.16(s))								+		OR	X	1	
FIRST PRE	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16())										OR			
" If the entry in column 1 is less than the entry in column 2, write "0" in column 3								TOTAL ADD'L FE	.E	_	OR I	TOTAL ADO'L F	EE	
" If the "Hig	y in column hest Numbe	1 is less than r Previously	the entry Paid For	in colum IN THIS	n 2, write SPACE I	"0" in column 3 s less than 20, c	3. Enle	r "20".	L				l	

If the "Highest Number Previously Paid For' IN THIS SPACE is less than 20, enter "20".

The "Highest Number Previously Paid For' (Total or Independent) is the highest number found in the appropriate box in column 1.

This collection of Information : required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to fite (and by the inctuding gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO:

If you need assistance in completing the form, call 1-800-PTO-9199 and salect option 2